

Application for a CHANGE in Center, Hourly Center, or Out of School Child Care License

Note: It may take up to 60 days to process your **completed** application, or 120 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items have been received by Child Care Licensing.

A. IDENTIFYING INFORMATION:

Facility Name: _____ Phone #: (____) _____

Facility Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Director: _____ Phone: (____) _____

Cell: (____) _____ (If this application is for a change in director, see instructions in Section C, # 1 below.)

B. TYPE OF FACILITY AND CAPACITY:

<input type="checkbox"/> Center	<input type="checkbox"/> Hourly Center	<input type="checkbox"/> Out of School Time Program
Requested Capacity: _____	Requested Capacity: _____	Requested Capacity: _____
Requested # of children under 2 years: _____	<u>Below for Licensing office use only:</u>	<u>Below for Licensing office use only:</u>
<u>Below for Licensing office use only:</u>	Approved Capacity: _____	Approved Capacity: _____
Approved Capacity: _____ Under 2: _____		

C. CHANGE REQUESTED & DOCUMENTS REQUIRED:

- ☐ Affidavit of Lawful Presence in the United States, and copies of verification documents. (Child Care Licensing staff must also see originals of verification documents.)

Mark all that apply, and include all required documents listed under the change you are requesting.

1. ☐ Change of Director

- ☐ A completed CBS/LIS Consent & Release of Liability form for the new director unless Child Care Licensing has already completed a background clearance for the new director within the past six months.
- ☐ Copy of director qualifications credentials. You must provide documentation of the director's credentials as outlined in the child care rules given to you by Child Care Licensing.

2. ☐ Change of Facility Name

Previous facility name: _____

New facility name: _____

- ☐ \$25.00 fee, if the provider has had more than two changes during their current licensing year.

3. ☐ **Change of Category**

Current Category: ☐ Center ☐ Hourly Center ☐ Out of School Time

Desired Category: ☐ Center ☐ Hourly Center ☐ Out of School Time

- ☐ Copy of current fire clearance.
- ☐ Copy of current city business license or receipt verifying application. (Contact your city/county to obtain this license.)
- ☐ Copy of director qualifications credentials. You must provide documentation of the director's credentials as outlined in the child care rules given to you by Child Care Licensing.
- ☐ Copy of Written Policies & Procedures and Emergency & Disaster Plan.
- ☐ Documentation of attendance at provider orientation within the past 6 months.(Not required if changing to Hourly.)
- ☐ \$25 fee, only if the licensee or certificate holder has not paid fees within the past six months, based on the date of the "Paid" stamp on their application. Or,
- ☐ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year, or has not paid a licensing fee within the last six months.

4. ☐ **Increase or Decrease in Your Licensed Capacity**

Requested **INCREASE** in capacity by: _____ Requested new total capacity: _____

Requested increase in capacity for children under age two: _____

- ☐ \$1.50 per child fee for a requested increase in capacity, if an increase is being requested
- ☐ A copy or diagram of the facility's floor plan.
- ☐ New business license.
- ☐ New fire clearance.
- ☐ Requested **DECREASE** in capacity by: _____ Requested new total capacity: _____
- ☐ \$25.00 fee, only if the provider has had more than two changes during their current licensing year.

For office use only
Approved increase:

Under 2: _____

5. ☐ **Addition or Removal of an Owner, Officer, or Board Member**

Current Owner/Officer's Name: _____ Phone #: (____) _____

New Owner/Officer's Name: _____ Phone #: (____) _____

Full Address: _____

Name of Owner/Officer to be removed from your License: _____

- ☐ You must include completed CBS/LIS Consent & Release of Liability forms for each new owner/officer/board member.
- ☐ You must include fingerprint card(s) and \$30.25 per person fee for each new owner/officer/board member who has not continuously resided in Utah for the past 5 years. A separate check or money order is required for fingerprint fees.

Type of organization (check one box only):

1. ☐ **Individual Owner**
2. ☐ **Corporation:** On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).
3. ☐ **Partnership:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
4. ☐ **Limited Liability Company:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
5. ☐ **Other:**

Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the names, addresses, and telephone number of each addition owner or officer, and each member of the governing board. An owner is anyone who has a 25% or greater interest in the facility.

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Copy and use additional pages if necessary.

6. ☐ **Deemed Status (for nationally accredited programs)**

- ☐ Request for Initiation of Deemed Status.

Date of scheduled exit interview with accrediting agency: ____/____/____

(Your Licensing Specialist will attend this interview.)

- ☐ Copies of inspection reports and recommendations, and progress reports for all corrective actions underway or completed in response to the accrediting agency's or Child Care Licensing's recommendations.

- ☐ Request for Continuation of Deemed Status. (Include copy of your current accreditation certificate).

Date of last accreditation: ____/____/____

- ☐ Relinquishment of Deemed Status. Date relinquished: ____/____/____

D. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect the facility, property and premises without a warrant at any time the center is open for care.
2. Review facility documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Owner/Licensee

____/____/____
Date

Mail completed application, fees, and all required application documents to:

Child Care Licensing, South Region
150 East Center Street, Suite 3200
Provo, Utah 84606

Phone: (801) 374-7688, Toll Free: 1-800-894-2588, Fax: (801) 371-1186